Department of Health

DEPARTMENT OF HEALTH

ANNUAL ACCOUNTABILITY REPORT FOR THE YEAR 2001- 2002

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Annual Accountability Report for the Year 2001-2002

Department of Health

1. Accountability Statement

The accountability report of the Department of Health for the year ended March 31, 2002, is prepared pursuant to the Provincial Financial Act and government policy and guidelines. These authorities require the reporting of outcomes against the Department of Health's business plan information for the fiscal year 2001- 2002. The reporting of department outcomes necessarily includes estimates, judgements and opinions by department management.

We acknowledge that this accountability report is the responsibility of department management. The report, is, to the extent possible, a complete and accurate representation of outcomes relative to the goals and priorities set out in the Department's business plan for the year.

The Honourable Jamie Muir	Dr. Thomas Ward
Minister of Health	Deputy Minister of Health

Message from the Minister of Health

As Minister of Health, I am pleased to table the Department of Health's Accountability Report for the year 2001-2002. The Government of Nova Scotia and the Department of Health set goals and established priorities for 2001 - 2002 in our business plan and budget. The outcomes reported here show that we remain committed to those goals and priorities and do so at a cost which is sustainable for Nova Scotia.

I am proud of our many accomplishments in 2001- 2002. Among our major achievements were:

- District Health Authorities (DHAs) began incorporating the principles and planning methods of the Phase I report of the Clinical Services Steering Committee in their business and operational planning. Using the criteria of quality, access and sustainability, the report laid out a planning approach which ensures that service decisions are based on the best available evidence and meet both local and provincial needs.

- The Department and its health system partners began the province-wide expansion of Single Entry Access (SEA) to continuing care services. The SEA process serves senior and other clients by tailoring the most appropriate care or service options for each individual from an array which includes home care, long term care, other residential care options, and adult protection services.

- The Department and its health system partners are engaged in major projects aimed at redesigning the mental health system to establish a continuum of client services across the lifespan.

- A comprehensive tobacco use reduction strategy was launched in the fall of 2001. Implementation steps have so far included tobacco tax increases to discourage tobacco use, legislation on smoke-free public places, community programming for both tobacco control and smoking cessation, and a youth-focused smoking prevention and cessation media campaign.

- The Department launched its first provincial nursing strategy to ensure that Nova Scotia has enough nurses in the future. The plan contains strategies to recruit new nurses as well as to retain the ones we already have working in Nova Scotia. Legislation dealing with registered nurses, licensed practical nurses and nurse practitioners has been amended to allow more flexible options for the provision of needed health services.

- A comprehensive and forward-thinking vision of primary health care renewal in Nova Scotia was developed through a broad stakeholder process, subsequently endorsed by the Department of Health and now forms the basis of planning for our new Advisory Committee on Primary Health Care Renewal.

Our vision is of "a dependable, caring health system that provides the right response by the right care provider in the right place and at the right time". It is a vision of caring, responsive and quality service to Nova Scotians which is evidence-based and cost-effective. The accomplishments of my Department and of the entire provincial health system in 2001 - 2002 represent significant and encouraging progress in creating this vision of the future.

Introduction

This Annual Accountability Report for the Department of Health is based on the goals and priorities set out in the Department's business plan for the 2001 - 2002 fiscal year. This report should be read in conjunction with the 2001-02 Business Plan (available on the Department of Health web site at http://www.gov.ns.ca/health/).

The report is structured in tandem with the Business Plan and details key departmental and health system accomplishments for 2001 - 2002, financial performance, and health system performance measures and outcomes.

Through leadership and collaboration, to promote, maintain, and improve the health of Nova Scotians and ensure an appropriate and affordable health care system.

This is the mission of the Department of Health. The Department is committed to the ongoing improvement of our health care system through system planning, legislation, resource allocation, policy and standards development, monitoring and evaluation, and information management. Accordingly, the Department fulfills its mission by:

- *setting the strategic direction for the health care system and developing provincial plans, policy and standards which enable accountability and support that direction;*
- *providing funding to health authorities, physicians and other health service providers in the provincial health system;*
- *monitoring, evaluating and reporting on performance and outcomes across the health system; and*
- *ensuring quality health services are available for Nova Scotians.*

The Department of Health has identified three "critical to mission" criteria against which all proposals for new and expanded programs and all existing programs and services are evaluated.

Our Mission requires that all health care and services be:

- **Integrated**
  "An integrated health system ensures the co-ordination of services and allows providers to work together to improve the health status of the population."

- **Community-Based**
  "A community based health system assures input by communities in planning and identifying strategies and services to improve the health status of the population and ensures that teams of providers participate in carrying out these strategies and services."

- **Sustainable**
  "A sustainable health system is one that is accountable for providing quality services to the population it serves and is affordable in the long term."

The Department of Health has 7 key areas of care and service delivery. These are briefly outlined below:

Population Health and Primary Health Care

Population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, health services, culture and gender. The goals of a population health approach are to maintain and improve the health status of the entire population and to reduce inequities in health status between population groups.

Primary health care includes primary care which is the first point of contact individuals have with the health care system, and the first element of a continuing care process. Primary health care includes prevention, diagnosis and treatment of common illness or injury, support for emotional and mental health, ongoing management of chronic conditions, advice on self-care, ensuring healthy environments and communities and coordination for access to other services and providers.

Population Health and Primary Health Care provides leadership, direction and support to the following services:

Addiction Services comprise a menu of components that are available according to the individual's needs and readiness services include:

- Withdrawal management (detoxification and treatment orientation programs)
- Community-based programs (outpatients and structure treatment)
- Prevention and community education (in schools, workplaces and communities)
- Problem gambling (specialized services including prevention and education)

Tobacco Control works in partnership with many other groups to implement a comprehensive tobacco strategy for Nova Scotia. Elements include: taxation, legislation, treatment/cessation programs, community-based programming, youth smoking prevention initiatives, media awareness and evaluation. The provincial *Tobacco Access Act* and federal *Tobacco Act* are enforced through ongoing education and support in the community. Aspects of enforcement include retailer visits, signage and education.

Public Health Services works in partnership with communities, families and individuals to prevent illness, protect and promote health and achieve well-being. Activities are directed at an entire population, priority sub-populations or individuals in some circumstances. Major functions include: population health assessment, health surveillance, population health advocacy, health promotion, disease and injury prevention, and health protection.

Primary Health Care provides policy and planning support for the redesigning of a community-based primary health care system for Nova Scotia. Changes might include, for example: increasing the number of community based primary health care organizations, more interdisciplinary teams, better linkages to other parts of the health care system and increased emphasis on health promotion. The currently operating Strengthening Primary Care in Nova Scotia Communities Initiative is piloting new ways to fund, deliver and manage primary care in four Nova Scotia communities using collaborative practice between nurse practitioners and physicians, electronic information systems and alternatives to fee-for-service payment for physicians.

Mental Health Services

Mental Health services are funded by the Department of Health and delivered by nine District Health Authorities and the IWK Hospital. They administer a network of 50 community-based clinics, inpatient beds, day treatment centres, clubhouse psychosocial rehabilitation programs and adult and youth drop-in centres. The services are part of a continuum of care at the community level. All of these services are consumer and family focused.

Each of the District Health Authorities and the IWK offer acute psychiatric care. Specialized services (including forensic, children and youth, psycho-geriatric and psycho-social) are both hospital and community-based. Mental health services also include early intervention programs for children and youth deemed at risk, intersectoral initiatives for children and youth, specialized long term rehabilitation programs, programs for sex offenders and consultation services.

Acute and Tertiary Care

Acute or hospital care is comprised of secondary and tertiary care services delivered by the 9 District Health Authorities (DHAs) and the 2 Provincial Health Care Centres (PHCCs). Acute Care is delivered in thirty-seven (37) facilities which are governed and managed by the DHAs. Funding is provided by the Department of Health in accordance with the *Canada Health Act* and the *Health Services and Insurance Act*.

Each District has Community and District facilities with services that vary according to the type and level of emergency care provided, the hours of operation and access to ambulatory care provided, and the type and level of service provided to their inpatient populations. Inpatient services range from general practitioner services at the community facility level through to varied specialist services at the district level. Specialist services in district hospitals may include Cardiology, Respirology, Gastroenterology, High Risk Obstetrics, Otolaryngology, Orthopaedics, Ophthalmology, Pathology, Psychiatry, Pediatrics, Urology, Plastics, Maxillofacial Facial Surgery, Oncology, Neurology, Dermatology and Endocrinology.

The Queen Elizabeth II Health Sciences Centre and the Izaak Walton Killam Hospital in Halifax are the two PHCCs. These centres provide specialized services such as Neurosurgery, Specialized Pediatrics, Burn ICU, Cardiac Surgery, Transplantation Programs, Cardio-Thoracic Surgery, Immunology, and Hematology, as well as all the services available in the community and district facilities. The PHCCs also provide the highest level of emergency services.

Insured Health Programs

In addition to hospital services, the Department of Health also funds medical or physician services for Nova Scotians under the terms of the *Canada Health Act* and the *Health Services and Insurance Act*. Under the legislation, insured physician services are those services which a qualified and licensed physician deems are medically necessary to diagnose, treat, rehabilitate or otherwise alter a disease pattern.

Other publicly funded health programs include Seniors and other pharmacare programs, a childrens dental program, and other services for specific populations such as optometry, prosthetics and dental surgery.

Emergency Health Services

The Emergency Health Services (EHS) division of the Department of Health is responsible for the continual development, implementation, monitoring and evaluation of pre-hospital emergency health services for the province. Since 1995, the ambulance system has undergone a transformation from primarily a transportation system to a pre-hospital medical system with a province-wide fleet of well-equipped ambulances. The ambulances are staffed by registered paramedics who perform life-saving procedures and can administer a wide range of medications.

The main components of EHS are a communications centre, a ground ambulance service, an air medical transport program (EHS LifeFlight), a provincial trauma program, and the Atlantic Health Training and

Simulation Centre. All system components are monitored by physicians with special training in emergency care.

Continuing Care Services

Continuing Care is a system of delivering an integrated continuum of health and social services to support the independence and well-being of individuals with identified needs. Services include: nursing homes, homes for the aged, residential care facilities, small option homes, community residences, adult protection, home oxygen and acute and chronic home care services. In most cases, the need for care and support is long term, however, short term needs are also met through the home care program. The Department of Health is primarily responsible for services to seniors but younger adults are also served through our nursing homes, home care services and adult protection programs.

The Continuing Care Program has three main components:

- Administration - Provides executive and operational management functions for Continuing Care services including planning, budgeting, human resource and support activities.
- Assessment/Coordination Services - Performs intake, assessment, service planning, resource authorization and ongoing case management functions on behalf of Continuing Care clients ensuring that appropriate services are identified, implemented and monitored.
- Care Services - The health care and support services available to individuals through Continuing Care programs include nursing care, personal care, home support, rehabilitation, respiratory therapy services, palliative care and respite care/services. Care may be provided in a client's home or in a facility where the client is accommodated.

Provincial and Other Health Programs

The Department of Health funds a number of arms-length agencies which plan and coordinate service delivery and standards-setting to ensure consistency and quality of care and service delivery. Agencies such as Cancer Care Nova Scotia, the Nova Scotia Trauma Program, Diabetes Care Nova Scotia and the Reproductive Care Program bring together experts in care provision to establish standards based on best practice, research evidence and stakeholder input . Through these agencies, strong networks of professionals participate in the rapid transmission and uptake of new knowledge and standards. Data are collected to enable monitoring of compliance with standards and outcomes of service delivery.

In keeping with its mission, the Department also provides grants and funding to a variety of agencies and organizations across the province to provide advocacy and specific health-related services to targeted populations.

Priorities and Departmental Accomplishments for the Year 2001 - 2002

Goal: Develop a clear vision and action plan for Long Term Care and Home Care to better meet the needs of the aging population.

Priority	Departmental Accomplishments
Establish single entry access (SEA) so that clients receive a single entry to Home Care or Long Term Care services	The Province has expanded home care's single point of access and case management system to include assessment and placement to all continuing care services under the mandate of the Department of Health. By contacting 1-800-225-7225, individuals can access home care services, nursing homes, residential care facilities and community options that are approved or licensed by the Department of Health, as well as adult protection services. The toll-free number offers two main advantages: a convenient way to get help for people needing ongoing care, and a single, consistent contact. The Single Entry Access (SEA) Working Group completed the development of a case management model to support province-wide implementation of SEA in 2002 - 2003. The information technology component has been developed and will also be implemented early in 2002 - 2003.
Begin the process to devolve Home Care and Long Term Care to the District Health Authorities to facilitate integration of all health care services at the local level.	A committee with representatives from District Health Authorities (DHAs), long term care service providers and the Department of Health was established to develop the model and implementation plan for the successful integration of the long term care sector with the District Health Authorities. This work was completed by the end of March, 2002. Validation of the model with Long Term Care providers and the DHAs is to begin in 2002 - 2003. Planning for transition of Home Care to the DHAs will begin after the full implementation of Single Entry Access (SEA). The development of SEA will expedite the planning for transition of Home Care services.
Develop with health care providers standards of care for Long Term Care and Home Care services. Review the process for establishing new or revised programs / services.	Revisions to existing standards will be completed in the course of SEA development and implementation. The new and/or expanded program submission process was revised in 2001 - 2002. In the fall of 2001, Nursing Homes and Homes for the Aged were required to identify pressures for new programs and/or expansions to existing services. These identified needs were incorporated in the business planning/budget process for 2002 - 2003. Home Care also identified new program proposals as a part of the business planning process in 2001 - 2002.
Plan to proactively manage the Long Term Care building infrastructure to make the best use of resources and meet safety standards.	Nursing homes have been challenged over the past 5 years with building maintenance and infrastructure concerns stemming from such things as mould growth or safety concerns. As a result, infrastructure requirements were identified by service providers as part of the business planning process. A software program that measures the condition and functionality of long term care facilities will be used in relation to established standards. This will allow the department to accurately identify what repairs, renovations and replacements are needed in each facility in order to meet safety standards, ensure an appropriate lifespan, and maintain its suitability as a place for long term care.

Goal: Implement a health human resource strategy which addresses recruitment, retention, and renewal.

Priority	Departmental Accomplishments
Develop and implement a physician resource strategy with District Health Authorities and input from the medical society/universities Recruitment and retention strategies will continue to support the physician resource strategy.	In May 2001, a Physician Resource Planning Steering Committee was established to oversee the development and implementation of a comprehensive physician resource plan. The plan will provide information to support reasonable and equitable access to physician services throughout the province. The Committee is also addressing the ongoing sustainability of physician resources and is anticipating future changes that will impact the need or availability of physicians. The Physician Resource Planning Steering Committee includes representatives from the physician and academic communities, along with members from the Department of Health and the DHAs. In February 2002, province-wide consultations on the methodology of the planning model and its application were undertaken. Preliminary physician resource plans will be available for more detailed consultation with stakeholder groups in 2002 - 2003. The physician resource planning initiative will be integrated with provincial physician recruitment and retention strategies. As of July 2001, there were 1,828 physicians registered with the MSI system and providing clinical services in Nova Scotia. This represents an increase of 4.5% from July, 2000. Of these, 761 were GP's/Family Physicians and 1,067 were Specialists (based on functional work distribution rather than licensed specialty). In December, 2001, physicians in Nova Scotia, through the Medical Society of Nova Scotia, entered into a new three-year agreement with the provincial government. The new agreement builds on recent successes in retaining and attracting physicians.
Develop and initiate a nursing resource strategy with input from the District Health Authorities, educators, unions, and professional associations.	Nova Scotia's first Nursing Strategy was developed by the Provincial Nursing Network and released in April 2001. The Provincial Nursing Network was established in April 2000 and includes employers, educators, professional associations, unions and practising nurses. It provides pro-active advice to the nursing policy advisor to enhance cooperation on all related to nursing. The $5 million nursing strategy focuses on four key areas – support to practicing nurses, support to student nurses, enhanced recruitment resources and development and utilization of the nursing workforce to support recruitment, retention and renewal. The Nursing Strategy includes $2 million for orientation to assist Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) to re-enter the workforce or to acquire new competencies. A further $1.5 million will enable continuing education for RNs and LPNs to attend conferences, workshops, university and specialty programs. New RN legislation was proclaimed in January 2002 and new LPN Legislation in June, 2002. Nursing recruitment activities included the development of a provincial recruitment web site, attendance at major job fairs across Canada, bursaries for graduating RN students, funding for LPNs enrolled in re-entry programs or pharmacy courses, relocation allowances, and print/internet advertising of vacant positions. Ninety new nurses were recruited from outside Nova Scotia during 2001/02.

Goal: Implement the CHB /DHA system giving a strong voice to the citizens of Nova Scotia in shaping their health system at a local level.

Priority	Departmental Accomplishments
Establish a shared service plan for corporate services (i.e. finance, administration, etc.)	DHAs 1-3, 4-6, and 7-8 have a variety of shared services arrangements in areas such as Finance, Information Management, Human Resources, and Materials Management. Consultation and planning was undertaken to support further shared services through efforts in joint business planning and service delivery.
Conduct further clinical services planning and integrate this planning with District Health Authority Business Planning.	Following the release of the Phase I Clinical Services Planning Steering Committee Report in February 2001, extensive consultations were held throughout the province in March - June 2001. In consultation with DHAs, the Department determined the role of each District hospital in the provision of clinical services. DHAs embraced the planning methodology developed through the Phase I process and, to varying degrees, used a similar approach in the development of their business plans for 2002 - 2003. In May 2001, Phase II, a study of capacity in the continuing care sector, was commenced. A Steering Committee was formed with broad stakeholder representation from around the province. A planning methodology for continuing care services will be prepared in 2002 - 2003.
Re-draft the Accountability Framework (applied to Community Health Boards (CHBs), District Health Authorities (DHAs), Provincial Health Care Centres (PHCCs), and Department of Health so that citizens governing, planning administering, and providing services in the health system understand their roles while collaborating towards fulfilment of a common vision.	Responding to a lack of clarity on the role of the Community Health Boards (CHBs) under the *Health Authorities Act*, a project team comprised of Department of Health and DHA staff was assembled to undertake an analysis of the *Health Authorities Act*. Work teams developed recommendations for consistent CHB roles and responsibilities, allowing for local implementation. Consultations with the DHAs and CHBs provided feedback on the recommendations. Recommendations included improved DHA and CHB communication and joint planning, a template for by-laws for CHBs, an accountability framework for CHB-DHA relationship, minimum resource supports for CHBs from the DHAs, and a broad framework for the CHB Community Health Planning. Full implementation is planned for 2002 -2003. A $1 million Wellness Fund for CHBs was announced in September, 2001. Each of the 37 CHBs are to receive between $22,000 and $38,000, based on their populations for community health initiatives such as smoking cessation programs and other activities aimed at promoting and maintaining health.

Goal: Build a strong commitment to Primary Care that will have a positive effect on the long term health status of Nova Scotians.

Priority	Departmental Accomplishments
The Department of Health will be finalizing the composition of the Advisory Committee on Primary Health Care which will then analyze the results of the demonstration projects and develop a plan for action for enhancing primary care in the province.	Strengthening Primary Care The first progress report on the Strengthening Primary Care projects showed that each of the four demonstration sites were working well and had achieved a high degree of community support. Nurse practitioners and physicians at each site have developed collaborative practice arrangements, supported by state-of-the-art, computerized information systems. The four sites are located at physician offices and clinics in Springhill, Pictou West, Caledonia (North Queens) and Halifax (North end). Although the federal funding support for this project has concluded, funding support for the nurse practitioners was extended for 2002 - 2003. Advisory Committee on Primary Health Care Renewal The first meeting of the Advisory Committee on Primary Health Care Renewal took place in September 2001. A comprehensive vision for primary health care in Nova Scotia was developed by a large multi - stakeholder group in November 2001, and subsequently endorsed by the Department of Health. The Advisory Committee is comprised of 28 members representing all districts in the province and a variety of primary health care perspectives. Supported by Working Groups, the Advisory Committee has reviewed principles of primary health care system design and integration, governance issues, the relationship between population health and primary health care, and collaborative practice issues.

Goal: Develop a plan to address capital issues related to information, equipment, and facilities.

Priority	Departmental Accomplishments
Commence the development of the electronic health record and system performance data base. This would provide more information to consumers to make health care decisions, provide more information to providers in providing care options, managers enhancing decisions pertaining to efficiency, and overall increased public accountability.	Nova Scotia Hospital Information System (NShIS) Development of the NShIS proceeded during 2001 - 2002. When fully operational, the system will automate and link 34 hospitals in Nova Scotia, enabling fast and secure access to patient and administrative information. A foundational component of the system is the development of an electronic health record (EHR). Health Infostructure Atlantic (HIA) HIA is the result of a partnership involving the four Atlantic Provinces aimed at working collaboratively on health information technology initiatives. Nova Scotia supports HIA as the provincial legal entity for the Atlantic agreement by basing the HIA project office in the Department of Health. With project funding from the Canada Health Infostructure Partnership Program (CHIPP), Nova Scotia is implementing two major projects : • the development of information systems to support Single Entry Access (SEA) of clients to Continuing Care Services. • the Tele-i4 (Telehealth Interprovincial/Integration/Images/Information) and PACS (Picture Archiving Communication Systems) provincial network. These projects are to be implemented in 2002 - 2003. Nova Scotia Telehealth Network (NSTHN) An external review of NSTHN confirmed its important role in supporting the quality, access and sustainability criteria set out in the Phase I report of the Clinical Services Planning Committee. Work is underway to enhance the NSTHN and more fully integrate it with the broader health information framework now under development. Nova Scotia is working closely with the Canada Health Infoway to ensure that the federal government's strategy leverages investments in Nova Scotia's health information system. Health Information Management Information management processes and health information privacy policies are being developed for the Department of Health in conjunction with government-wide policies. A privacy policy team is developing provincial standards for issues such as information access, training and monitoring, audit and security.
Assess buildings and equipment, and develop a prioritized, multi-year funding and maintenance plan based on criteria / safety standards.	An internet-based software tool has been acquired which, when fully operational, will provide reliable and timely functional assessments for the facilities and capital systems of the province's nursing homes. The database thus created will be used to guide planning and budgeting for long term capital funding. On-site facility assessments will commence in 2002-2003. This system will be used by other departments as part of a long term government-wide infrastructure stewardship and management strategy.

Goal: Implement a provincial health strategy which promotes a preventative approach in order to contain demands on illness-treating institutions.

Priority	Departmental Accomplishments
Identify in a health strategy, those areas where health prevention initiatives / interventions would have the most significant impact on improving the health of Nova Scotians and begin to implement priorities.	**Population Health Approach** The Department of Health endorsed a Population Health approach to planning and decision making. Guiding principles of a population health approach are: • health is a capacity and a resource for everyday living • the determinants of health are addressed recognizing that they are complex and inter-related • the focus is upstream (early intervention, health promotion and disease prevention) • health is everyone's business (not just doctors, nurses and hospitals) • decisions are based on evidence • accountability for health outcomes is increased • management of health issues is horizontal (many departments and sectors are involved in addition to the Department of Health) • multiple strategies are used, in multiple settings, systems and sectors **Chronic Disease Prevention Strategy** The Department of Health has a 2 year contract with Dalhousie University's Department of Community Health and Epidemiology to lead the development of a Chronic Disease Prevention Strategy. This strategy will be developed in partnership with non-governmental organizations. **Employability Assistance for Persons with Disabilities (EAPD)** Employability, as a key component of addictions recovery, was highlighted throughout the province and in partnership with Human Resources Development Canada (HRDC) **Driving While Impaired / First Offenders** Addiction Services in the DHAs, working with Service Nova Scotia and Municipal Relations (SNSMR), developed road safety programs for use with "first time" offenders who are apprehended for driving while impaired. The program targets early intervention for an important health and safety risk.

Identify in a health strategy, those areas where health prevention initiatives / interventions would have the most significant impact on improving the health of Nova Scotians and begin to implement priorities.	**Tobacco Control** The Tobacco Control Unit provides consistent enforcement of the *Tobacco Access Act* (TAA), throughout the province. In 2001 - 2002, the Unit conducted 1,863 routine retail inspections under the *Tobacco Access Act* and the federal *Tobacco Act*. As a result, 462 retailers receiving warnings for various infractions. During the same period, 931 retailer compliance checks were conducted, resulting in 272 warnings for violation of section 5(1) TAA (selling to persons under the age of 19 years) and two charges for violation of section 5(1) TAA. Both prosecutions resulted in convictions. The overall retailer compliance for sales to persons under the age of 19 years for 2001 - 2002 was 70.6%, up from 66.9% in 2000 - 2001. **Tobacco Strategy** Nova Scotia's Comprehensive Tobacco Strategy was launched in October 2001. The strategy addresses seven key components: taxation, legislation, treatment/cessation, community-based programs, youth prevention, media/public awareness, monitoring and evaluation. Action was initiated in all components of the strategy during 2001 - 2002. Highlights included: ▪ Funding for District Health Authorities to assist with community-based tobacco control programming. ▪ Funding for a provincial conference for Addiction Services/Drug Dependency Services staff on effective nicotine addiction treatment options. ▪ Support for the NS School Smoking Prevention Coalition in the development of guidelines for effective school-based smoke-free policy. ▪ A mass media campaign (TV advertisements) from January-March, 2002 on the dangers of smoking and exposure to second-hand smoke.

Priority	Departmental Accomplishments
Identify in a health strategy, those areas where health prevention initiatives / interventions would have the most significant impact on improving the health of Nova Scotians and begin to implement priorities.	**HIV/AIDS Strategy** Consultation with stakeholders on 92 recommendations of the Framework For Action was completed. The consultant's report will form the basis for the development of the Nova Scotia HIV/AIDS strategy. **Communicable Disease Manual Revision** To facilitate the work of Public Health Services staff in the prevention and control of communicable diseases, the Communicable Disease Manual from 1993 has been revised to reflect the most current information on prevention, control, and follow-up of communicable diseases. **Fluoride Mouth Rinse Program Review** The Fluoride Mouth Rinse Program is a school based program which seeks to enhance the oral health of at-risk elementary school-aged children in Nova Scotia. The program has operated since 1998 and is administered by volunteers who are trained and supported by Public Health dental hygienists. The review was undertaken to address inconsistencies and ensure that best practice approaches were used. To date, the review has included: • Literature review and expert opinion to obtain the most recent evidence about fluoride mouth rinse programs; • Environmental scan of practices with respect to the assessment, training, delivery and evaluation of the program; • Background paper and consensus conference. Province-wide standardization of the program was recommended. The program is a cost-effective population health approach to reaching the most at-risk children in the province.

Goal: **Develop and implement a plan for care of mentally ill adults, youth, and children**

Priority	Departmental Accomplishments
Building on both the provincial mental Th health review and children's health review, the Department of Health will work with DHAs, other government departments, providers, and consumers in developing additional community-based, adult, child, and youth services. Adult programs will promote optimal wellness and independence, with appropriate supports in the district. Children and youth services will be further integrated across service sectors and enhanced to provide a continuum of core services.	The Department of Health formed a Provincial Mental Health Steering Committee comprised of DHA representatives, providers and other stakeholders. The Committee grouped the recommendations of the Mental Health Reviews (A Time for Action and A New Step Forward) and created 4 Working Groups: • Core Program Standards • Mental Health Monitoring • Anti-Stigma • Consumer Initiatives The goal is to redevelop the mental health system and establish a continuum of services across the life-span. The Core Program Standards Working Group has identified 5 Core Programs for children, youth and adults, and has developed draft standards in the 5 core programs (work is ongoing). These standards will provide the foundation for reform for the mental health system over the next 5 to 10 years. The Mental Health Monitoring Working Group completed a draft report to the Provincial Mental Health Steering Committee in which it identified indicators for monitoring mental health well-being and service outcomes. These indicators will facilitate monitoring compliance of the Core Program Standards and provide accountability reports. The Anti-Stigma Working Group has tabled its first report and identified a number of issues and approaches to dealing with discrimination. Unfortunately, there is a scarcity of research supporting the effectiveness of approaches aimed at reducing stigma. In order to focus on initiatives which will provide the most benefit, priority groups and evidence-based strategies will be targeted. The Consumer Initiatives Working Group has developed criteria for proposals for consumer-led initiatives in mental health education, advocacy and self sustaining initiatives.

Priority	Departmental Accomplishments
Building on both the provincial mental health review and children's health review, the Department of Health will work with DHAs, other government departments, providers, and consumers in developing additional community-based adult, child, and youth services. Adult programs will promote optimal wellness and independence, with appropriate supports in the district. Children and youth services will be further integrated across service sectors and enhanced to provide a continuum of core services.	Additional funding for expanded mental health services for children and youth has been allocated in the 2002 - 2003 fiscal year. Implementation planning for intensive community-based treatment teams and mental health residential treatment beds at the IWK and Cape Breton DHA has begun. The Department is involved in a 5-year Children and Youth Mental Health project with Departments of Justice, Community Services and Education. This group has developed a vision for a full continuum of mental health care for children and youth. Year One has addressed the governance issue. The Department of Health will be responsible for child and youth mental health services. The Department of Health commenced planning with the Department of Justice to establish the appropriate clinical resources to implement programs required for the new Federal Youth Justice Act. The East Coast Forensic Psychiatric Hospital in Dartmouth officially opened in August 2001. Co-located with the Central Nova Scotia Correctional Facility, the hospital has 2 rehabilitation units, a mentally-ill offender unit, 2 transition units, and a community program that provides guidelines and supervision for discharged patients. Patients who had been placed in out-of-province facilities have been returned to the new hospital. The Department of Health allocates two million dollars annually to DHAs and other agencies for the enhancement of services to children 6 years of age and under with autism disorder. The Departments of Community Services and Education also participate in this initiative.

Goal: Continue to promote disease management

Priority	Departmental Accomplishments
Develop a framework /mechanism for identifying and pursuing disease management opportunities. Continued development of clinical standards and protocols for best practice will be part of this disease management goal, inclusive of provincial programs.	**Improving Cardiovascular Outcomes in Nova Scotia (ICONS)** Work has begun on the process of transitioning from a research project "ICONS" to a disease management program that is integrated with health service decision-making at the DHA level. Goals and objectives for the transition year 2002 - 2003 were to be developed. **Cancer Care Nova Scotia (CCNS):** Cancer Care Nova Scotia, started in 1998, is a Health Department program mandated to coordinate, evaluate and strengthen the cancer system in Nova Scotia. It works with stakeholders to bring about patient-centered change. Its ultimate goal is to reduce the burden of cancer on individuals, families, communities and the health-care system. • A District Cancer model was introduced. The goal is to have standardized, high-quality cancer care across the province with equitable access based on diagnosis and disease stage. • The patient navigator role was introduced and piloted in 3 District Health Authorities. Patient navigation is a model intended to assist all cancer patients on their journey through the cancer system from diagnosis to treatment and follow-up. • Cancer site teams were further developed with the mandate to develop evidence-based guidelines for the care of patients with cancer. • The gynecological screening program was successfully integrated with CCNS. **Diabetes Care Program of Nova Scotia (DCPNS):** The Diabetes Care Program of Nova Scotia provides leadership and facilitates partnerships within the health system to improve the health of Nova Scotians affected by, or at risk of, developing diabetes mellitus. • DCPNS continued to support the strategic directions of the Department of Health by enhancing primary care initiatives directed towards diabetes. DCPNS has developed a province-wide approach aimed at preventing type II diabetes for individuals at risk. • DCPNS continued its role in enforcing and evaluating clinical guidelines for diabetes care. DCPNS has also bas been actively involved at the national level with initiatives targeted towards the Aboriginal population. **NS Hearing and Speech Centres:** Nova Scotia Hearing and Speech Centres seek to provide effective, efficient, comprehensive and quality speech-language pathology and audiology services, while striving to reduce the incidence of preventable communication disorders through education and increased public awareness. • Nova Scotia Hearing and Speech implemented pilot projects in Truro, Bridgewater and Halifax to quantify the clinical effectiveness of alternative service delivery options for pre-school children.

DHA Accomplishments	
District Health Authorities (DHAs)	DHAs continues to refine their business planning process in accordance with the direction provided by the Department of Health and the *Health Authorities Act*, ensuring that input from the Community Health Boards and other stakeholders was considered.
DHA # 2	Phase I of the Yarmouth Regional Hospital replacement project was completed and tenders for phase 2 have been finalized.
DHA # 4	Implemented bone density testing on a half day basis; to be expanded to full day in 2002-2003. Completed a role study which will serve as the basis for the replacement / renovation of the Colchester Regional Hospital facility.
DHA # 6	Successfully recruited two new orthopedic surgeons to re-establish the orthopedic program.
DHA # 8	Successfully planned and implemented an enhanced dialysis service to meet growing needs of Cape Breton residents with end-stage renal disease.
DHA # 9	Temporarily suspended the liver transplant program until the recruitment of two transplant surgeons is completed. Implemented a successful nurse recruitment strategy. Presented a functional program, approved by Department of Health, to replace the current Cobequid Multi Services Centre.
IWK	Successfully recruited a pediatric cardiac surgeon, allowing the re-establishment of the pediatric cardiac surgery program.

Emergency Health Services

Highlights from 2001 - 2002 included:

- IWK helipad opening in February 2002.
- "Flight Following" on the EHS website allows persons to track the missions of air ambulances.
- The Mobile Command Unit was introduced which allows full dispatch, coordination and communication capacity from the site of a disaster.
- An external audit of the ground ambulance portion of EHS confirmed the service as one of the ten best in North America. Citing vast improvements to the ground ambulance system since the inception of EHS in 1995, the report noted that the cardiac arrest survivor rate improved from 2.7% in 1998 to 6.9% in 2001.

Financial Results 2001 - 2002

Core Businesses	2001/02 Budget	2001/02 Actual	Variance
DoH Provincial Policy, Planning, and Corporate Services			
* Health System Design * Strategic and Policy Support to the Health Care System * Accountability Support for the Health System			
Total	**31,479**	**29,901**	**(1,578)**
Funding Support to the Health System.			
Total (DHA / PHCCs)	884,482	903,394	18,912
Service Delivery Management	903,070	904,451	1,381
Total (DoH Services)	**1,787,076**	**1,807,845**	**20,769**
Total	**1,819,031**	**1,837,746**	**18,715**

Variance Explanations:

DOH Provincial Policy, Planning and Corporate Services:
This shows a $1.6M variance due to vacancies

DHA/PHDCC's:
Due to Year End Deficits - $20.4M offset by Medical Equipment Trust Fund Interest ($1.5M)

Service Delivery Management:
Medical Payments: Actual utilization was lower than anticipated - ($1.9M)
Pharmacare: Fewer new drugs and increase in co-pay have impacted utilization - ($4.5M)
Other Insured Programs: Transfer of exception drug costs from NSH and utilization increase - $2.2M
Home Care: Due to vacant positions (Care Coordinators and SEA Positions) and In-Home Support program initiatives not implemented - ($7.9M)
Canadian Blood Service: Surplus/carryover - less fractionation and blood cell usage in 00/01 - ($1.5M)
Cancer Care Nova Scotia: Surplus/carryover from 2000/2001 - ($1.2M)
Long Term Care: Additional capital costs, one-time deficit payment and wage settlement costs - $8.4M
Capital Grants: Liability costs for the Aberdeen Hospital Project Litigation - $5.1M

Revenue and Recovery: Less transplant services performed at the QEII - $3.3M

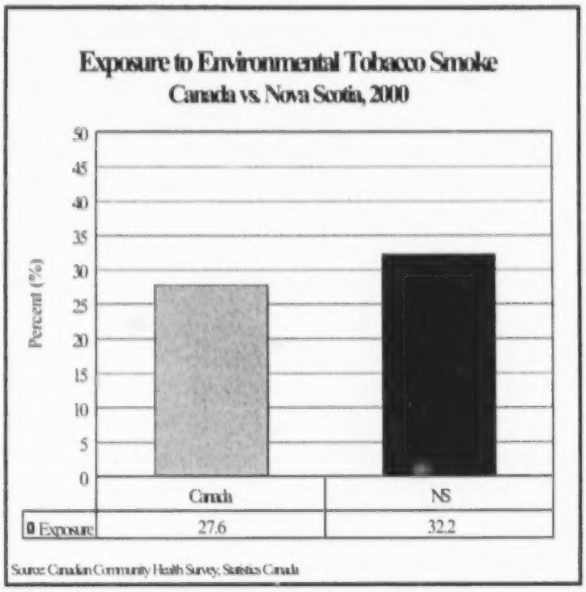
2001 - 2002 Department of Health Outcomes Report

The following measures provide an overview of information about health services in Nova Scotia and the health of Nova Scotians. Some of the measures in this report have changed from those used in previous years. New measures have been chosen because they provide better, more consistent information.

A federal initiative was launched in September 2000 to standardize the measures which will be routinely reported by all provinces. By reporting on comparable measures across all federal, provincial and territorial jurisdictions, system stakeholders and the public will be able to compare and assess results.

Because some federal agencies have deadlines that differ from Nova Scotia's deadlines, some 2000-01 information was not available for this report.

Proportion of Non-smoking Population Regularly Exposed to Environmental Tobacco Smoke in the Home, Public Spaces, and Work Places



One of the Department's core business areas is Population Health and Primary Health Care. A desired outcome that falls within the scope of this business area is Healthy Babies, Children and Families. Certain environmental conditions are known to be harmful to health. One of these is second-hand tobacco smoke.

What Does the Measure Tell Us?

This measure describes how many nonsmoking Nova Scotians (aged 12 years and over) were exposed to second-hand smoke on most days during the previous month. Living or working in a smoke-filled environment can lead to serious health problems, such as lung cancer and heart disease. At least 200 non-smoking Nova Scotians die every year from exposure to second-hand smoke. Many more suffer from bronchitis, ear infections, pneumonia, heart problems, and other diseases. Asthma, allergies, and environmental illnesses are all aggravated by tobacco. Reducing exposure to tobacco smoke is key to preventing these illnesses.

Where Are We Now?

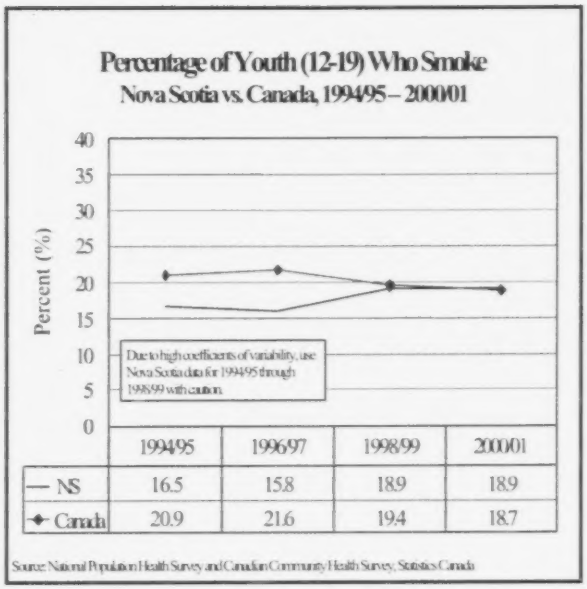
Approximately 32% of Nova Scotian non-smokers report being regularly exposed to second-hand tobacco smoke. This contrasts with approximately 28% of Canadians in general who report exposure to second-hand smoke.

Where Do We Want to Be in the Future?

Nova Scotia is implementing a province-wide Comprehensive Tobacco Strategy. The strategy addresses seven key components: taxation, smoke-free places legislation, treatment/cessation, community-based programs, youth prevention, media awareness, and monitoring and evaluation. Through this comprehensive approac[illegible]y 2004-2005 we hope to have decreased the second-hand tobacco smoke exposure rate to the Canadian a[illegible]ge or less.

Percentage of Youth Who Smoke

One of the Department of Health's core business areas is Population Health and Primary Health Care. Smoking is the number one cause of preventable death and disability. High rates of smoking translate into high rates of chronic disease such as lung cancer, heart and respiratory disease. Reducing youth smoking is key to the prevention of smoking related illness and to the promotion of healthy populations.



What Does the Measure Tell Us?

This measure describes the percentage of youth (aged 12 to 19 years) who smoke in Nova Scotia and Canada. Habits adopted during the teen years tend to be maintained well into adult life. Therefore, this measure informs us about smoking among young people as well as the number of adults who may be smokers in the future. Preventing or limiting smoking among young people has important long term benefits such as reduced smoking among adults and the prevention of serious illness.

Where Are We Now?

In 2001, 18.9% of Nova Scotia's youth (aged 12 to 19 years) smoked, compared to 16.5% in 1994/95. In Canada, the smoking rate in youth declined from 20.9% to 18.7%. These data tell us that youth smoking in Nova Scotia has increased while Canadian youth smoking has decreased. Youth smoking rates differ dependent on what data source is used primarily because of the age range and methodology applied. The youth smoking data used in this report are from a database that was agreed upon by the federal/provincial/territorial Ministers of Health in order to be consistent with the report that all provinces will produce.

The key message is that smoking in youth (and adults) is higher than it should be. To counter and prevent smoking by adults and youth, the Department of Health began implementation of a Comprehensive Tobacco Strategy in 2001. This addresses 7 key components: taxation, smoke-free places legislation, treatment/cessation, community-based programs, youth prevention, media awareness, and monitoring and evaluation.

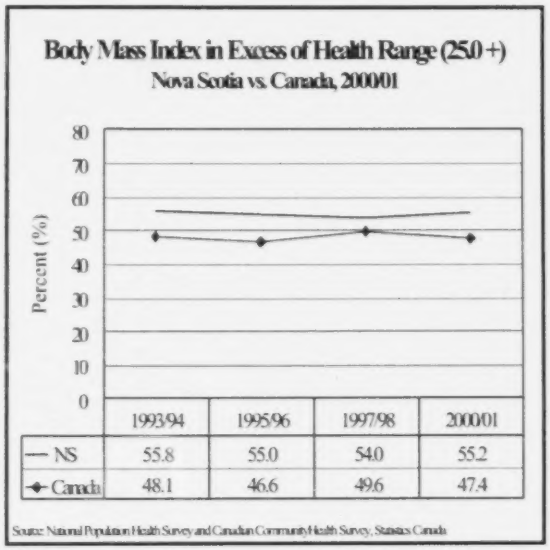
Where Do We Want to Be in the Future?

Our aim is to decrease the percentage of youth who smoke. Strategies to achieve this target include continued implementation of all components of the Comprehensive Tobacco Strategy.

Percentage Reporting Body Mass Index in Excess of the Healthy Range

One of the Department's core business areas is Population Health and Primary Health Care. A desired outcome within this area is decreased overweight and obesity.

A healthy body weight (for height) is associated with a reduced risk of health problems. Overweight and obesity are associated with increased risk of health problems and conditions such as high blood pressure, diabetes, gall bladder disease, and pregnancy complications. Body weight is influenced by genetic, gender, age, and lifestyle factors such as poor eating habits and inadequate physical activity. Canada's Guidelines to Healthy Eating (1992) recommend that Canadians "achieve and maintain a healthy body weight by enjoying regular physical activity and healthy eating". Nova Scotians need to be supported through education and skills, policy, and enhanced community capacity to adopt and maintain healthy body weights, healthy eating and physical activity behaviours.



What Does the Measure Tell Us?

The Body Mass Index (BMI) is a valid measurement of weight in relation to health for healthy adults aged 20-65 years. This is a common method for calculating if an individual's weight is in a healthy range based on their body weight and height. BMI is not recommended for use as the sole measurement of either body composition or level of physical fitness. According to current international guidelines, a BMI between 20 and 25 is considered within a healthy weight range.

Where Are We Now?

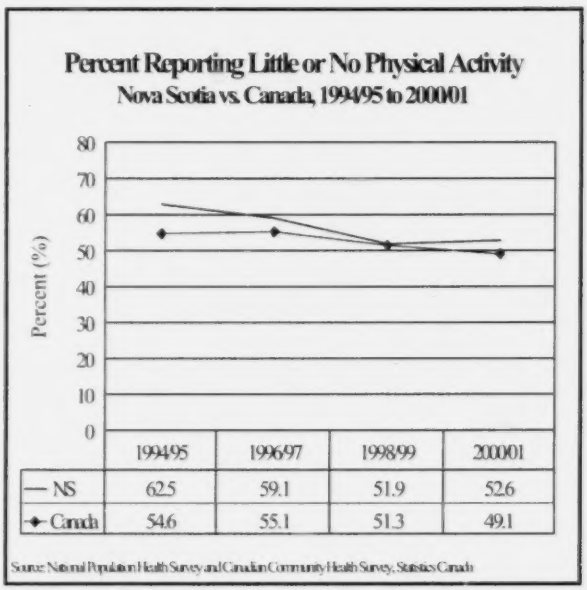
Since 1993, the percentage of Nova Scotians who have a BMI above 25 is greater than the Canadian population in general. In 2000-01, 55.2% of Nova Scotians reported a BMI above 25, as compared to 47.4% of the Canadian population. The data in this report differ from those described in the 2002-03 Business Plan because the data sources are different. That is, the 2002-03 Business Plan used the Canadian Standard for reporting BMI whereas data in this report used the International Standard. This change represents consistency with provincial reporting as agreed to across Canada.

Where Do We Want to Be in the Future?

By 2004-05, with partners at multiple levels and in multiple sectors, the Nova Scotia government aims to decrease to 52% the number of Nova Scotians whose body weight increases their risk for health problems. Toward this end, the Department of Health has continued to develop and strengthen strategic linkages in the community and other sectors. In addition, the Department will collaborate with the Nova Scotia Alliance for Healthy Eating and local public health services to promote behaviours, capacity, and policies that support and protect healthy eating and physical activity.

Physical Inactivity: Percentage of Nova Scotians (12 Years and Older) Who Are Considered Inactive

One of the Department of Health's core business areas is Population Health and Primary Health Care. A desired outcome within this area is an increase in health-related behaviour. Physical inactivity is an important indicator of unhealthy behaviour. Studies show that inactivity is a major risk factor for heart disease and depression and that regular physical activity can provide important health benefits.



What Does the Measure Tell Us?

Physical inactivity is measured by calculating the proportion of the population aged 12 years and older who report being physically active less than once per week or never. The province's goal is to increase physical activity among Nova Scotians.

Where Are We Now?

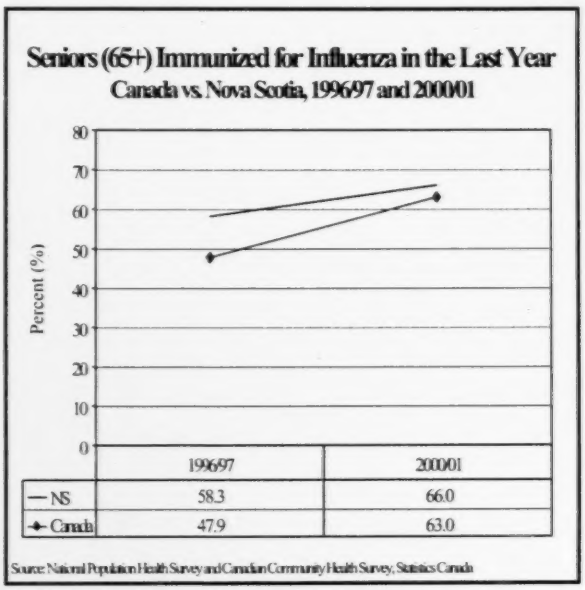
In 2000-01, 52.6% of Nova Scotians reported being physically active less than once per week or never, as compared with 49.1% of Canadians.

Where Do We Want to Be in the Future?

Maintaining regular physical activity is associated with many benefits, including improved cardiovascular and mental health. The province's goal is to increase physical activity through joint initiatives such as the Provincial Physical Activity Strategy for Children and Youth (PACY), the Chronic Disease-prevention Strategy, and curriculum revisions to increase physical activity in schools. The Department of Health participates in these initiatives.

Percentage of Nova Scotians (65 years and older) Who Received a Flu Shot in the Past Year

One of the Department of Health's core business areas is Population Health and Primary Health Care. A desired result of work within this area is the reduction of diseases which can be prevented by vaccine. Vaccination coverage is important in promoting and maintaining public health and preventing the spread of infectious disease.



What Does the Measure Tell Us?

Vaccination coverage is measured by calculating the percentage of people (aged 65 years and older) who reported having their last flu shot during the past year. By increasing the number of people who receive flu shots, we can decrease the burden of illness on vulnerable populations - such as the elderly - and reduce the strain on the health system at the same time.

Where Are We Now?

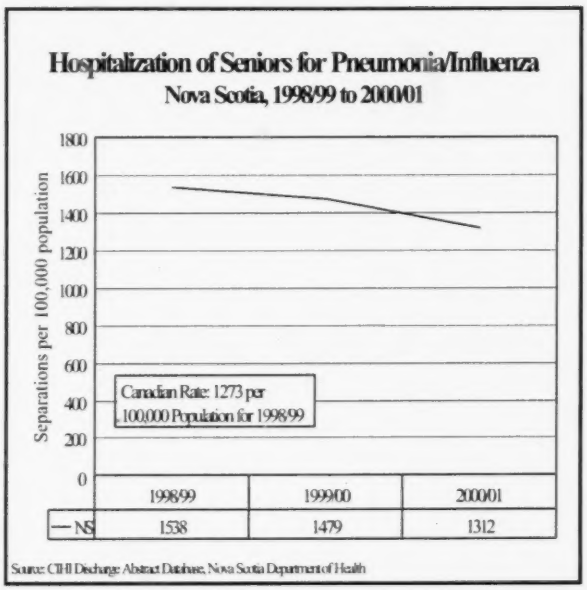
During 2000-01, 66%of the Nova Scotian population over 65 years of age reported having had a flu shot in the last year, as compared with 63% of all Canadians 65 or older. This shows an improvement since 1996-97 when 58.3% of Nova Scotians and 47.9% of Canadians in general reported receiving flu shots. Overall, Nova Scotia compares very favourably with other provinces. Decreases in the hospitalization of people with influenza and pneumonia may reflect the success of the immunization program and aggressive public awareness campaigns. The data in this report (66%) differ from those described in the 2002-03 Business Plan (62.0%) because the data sources are different. That is, the 2002-03 Business Plan used data from the Nova Scotia Department of Health (Public Health/Medical Office of Health) whereas data in this report come from the National Population Health Survey and Canadian Community Health Survey.This change represents consistency with provincial reporting as agreed to across Canada.

Where Do We Want to Be in the Future?

Immunization against the flu is an important public health intervention. By 2004-05, the province aims to increase to 80% the percentage of the population aged 65 years and older who receive influenza vaccinations.

Hospitalization of People Aged 65 Years or Older for Pneumonia and Influenza

One of the Department of Health's core business areas is Acute and Tertiary Hospital Care. A desired outcome in this area is the appropriate use of all health care settings. One way to measure the appropriate use of health care settings is by calculating the number of hospitalizations for pneumonia and influenza among people aged 65 years or older. Many cases of influenza and pneumonia can be prevented through immunization.



What Does the Measure Tell Us?

Calculating the number of people aged 65 years or older who are hospitalized for pneumonia and influenza can help us to assess the success of programs to prevent illness altogether or contain its severity and permit management outside of hospital.

Where Are We Now?

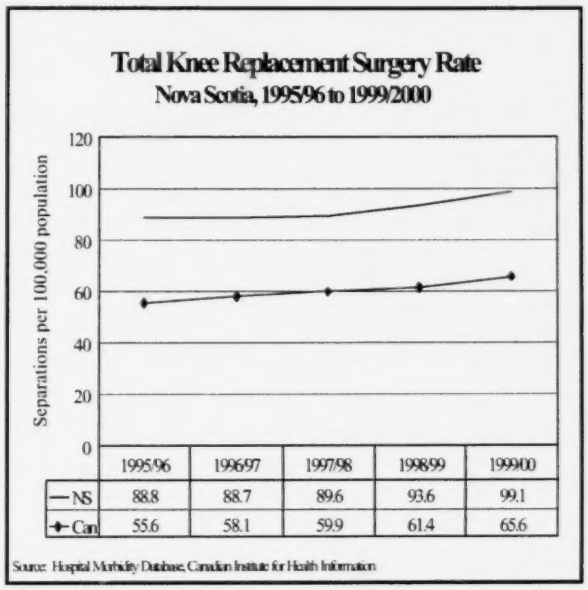
During the year 2000-2001, 1,312 people per 100,000 population aged 65 years or older were hospitalized for pneumonia and influenza. This shows a decrease since 1998-1999 when 1,538 people were hospitalized, and 1999-2000 when 1,479 people were hospitalized for the flu and pneumonia.

Where Do We Want to Be in the Future?

The Department's target is to reduce the number of hospitalizations for pneumonia and influenza to levels consistent with or below the Canadian average. Towards this end, the Department of Health will monitor opportunities to use outpatient services whenever appropriate to treat pneumonia and influenza and will continue to work towards increased vaccination coverage of the population aged 65 years or older.

Number of Total Knee Replacement Surgeries

One of the Department of Health's core business areas is Acute and Tertiary Hospital Care. A desired outcome in this area is ensuring access to quality hospital services. This may be measured by assessing the rate at which various procedures requiring hospital stay are performed. One of these procedures is Total Knee Replacement Surgery.



What Does the Measure Tell Us?

Rates for Total Knee Replacement Surgery are age-standardized measures of the number of knee replacement surgeries performed on inpatients in acute care hospitals per 100,000 population. The number of Total Knee Replacement Surgeries performed reflects access to required services.

Where Are We Now?

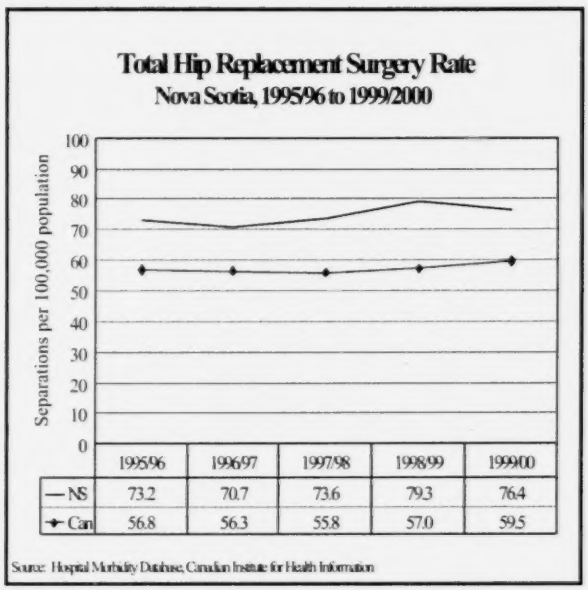
Total Knee Replacement Surgery is known to result in considerable improvements in functional status, pain relief, and overall quality of life. Over the past five years, the number of Total Knee Replacement Surgeries in Nova Scotia has increased from 88.8 per 100,000 of the population in 1995-1996 to 99.1 per 100,000 of the population in 1999-2000. During the same period, rates of Total Knee Replacement Surgery have increased across Canada from 55.6 per 100,000 of the population in 1995-1996 to 65.6 per 100,000 of the population in 1999-2000. This suggests that Nova Scotians have as much access to Total Knee Replacement Surgery as other Canadians.

Where Do We Want to Be in the Future?

The Department of Health aims to maintain Nova Scotian Total Knee Replacement Surgery rates at levels better than or consistent with the Canadian average (65.6 per 100,000 in 1999-2000).

Number of Total Hip Replacement Surgeries

One of the Department of Health's core business areas is Acute and Tertiary Hospital Care. A desired outcome in this area is access to quality hospital services which can be measured by assessing the rate at which various procedures requiring hospital stay are performed. One of these measures is the Total Hip Replacement Surgery Rate.



What Does the Measure Tell Us?

Total Hip Replacement Surgery Rates are age-standardized measures of the number of Total Hip Replacement Surgeries performed on inpatients in acute care hospitals per 100,000 population. The number of Total Hip Replacement Surgeries performed reflects access to required health services.

Where Are We Now?

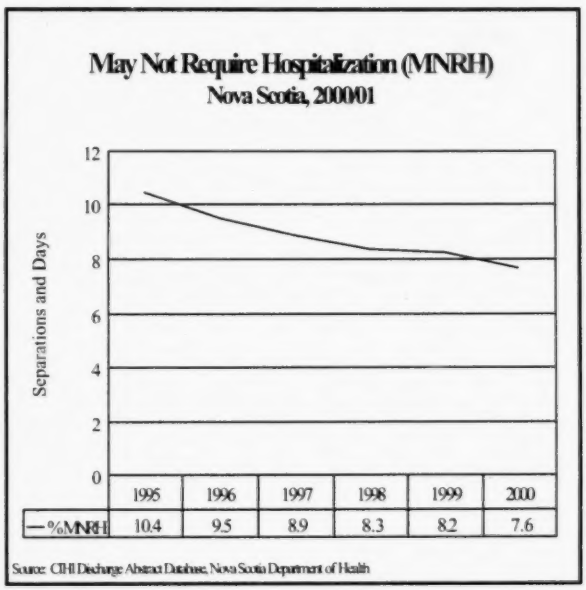
Total Hip Replacement Surgery is known to result in considerable improvement in functional status, pain relief, and other gains in health-related quality of life. Over the past five years, the number of hip replacement surgeries in Nova Scotia increased from 73.2 per 100,000 of the population in 1995-1996 to 76.4 per 100,000 of the population in 1999-2000. During the same period, rates of Total Hip Replacement Surgery have increased across Canada from 56.8 per 100,000 of the population in 1995-1996 to 59.5 per 100,000 of the population in 1999-2000. This suggests that Nova Scotians have as much access to this procedure as other Canadians.

Where Do We Want to Be in the Future?

The Department of Health aims to maintain Nova Scotian Total Hip Replacement Surgery rates at levels better than or consistent with the Canadian average (59.5 per 100,000 in 1999-2000).

Percent of People Admitted to Hospital for Conditions or Procedures That Experts Say Often Allow Outpatient Treatment Instead (May Not Require Hospitalization)

One of the Department of Health's core business areas is Acute and Tertiary Hospital Care. A desired outcome in this area is ensuring the best use of inpatient hospital services. This may be measured by calculating the percentage of people who are admitted to hospital for conditions or procedures that may not require hospitalization.



What Does the Measure Tell Us?

As medical technologies improve, many conditions and treatments that used to require overnight stays in hospital can now be delivered on an outpatient basis. The relative numbers of inpatient hospitalisations for these conditions or treatments can serve as one indication of how efficiently services are being delivered. This measure indicates the percentage of people admitted to hospital for conditions or procedures that experts say often allow for outpatient treatment instead. Decreases in this percentage reflect improvements in the use of inpatient hospital services.

Where Are We Now?

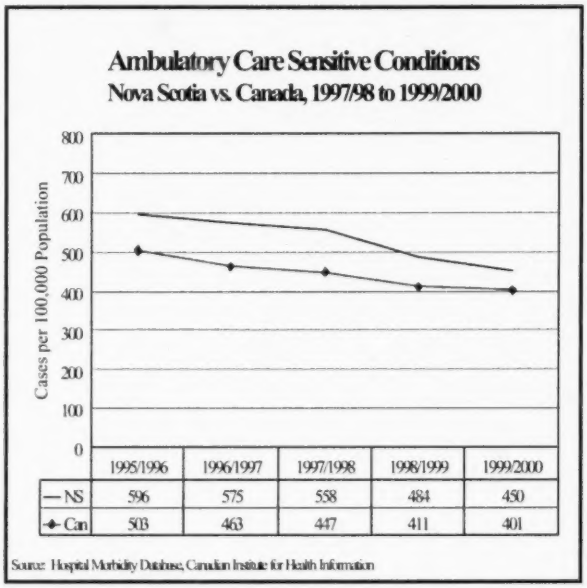
In 2000-2001, 7.64% of people admitted to hospital had conditions or procedures that experts say often allow for outpatient treatment instead. This has decreased from 10.4% in 1995 and reflects a 6 year downward trend.

Where Do We Want to Be in the Future?

The target is to further reduce this rate. Towards this end the Department of Health will continue to monitor effective utilization of hospital beds and review alternate settings for care with other health system provider organizations.

Proportion of People Admitted to Hospital for Conditions Where Appropriate Outpatient Care May Prevent the Need for Hospitalization (Ambulatory Care Sensitive Conditions)

One of the Department of Health's core business areas is Acute and Tertiary Hospital Care. A desired outcome in this area is ensuring the best use of inpatient hospital services. One way to assess this, is by calculating the number of people admitted to hospital for ambulatory care sensitive conditions.



What Does the Measure Tell Us?

The measure describes the proportion of people admitted to hospital for conditions where appropriate outpatient care may prevent the need for hospitalization. These conditions include long-term health conditions which can often be managed with timely and effective treatment in the community, without hospitalization. Calculating hospitalization rates for such conditions can help us to measure appropriate access to community-based care. Health care professionals generally believe that managing these conditions before a patient requires hospitalization improves the patient's health, contributes to better overall community health status, and often saves money because community-based care usually costs less than hospitalization. Tracking hospitalization rates for these conditions over time can provide an indicator of the impact of community and home-based services.

Where Are We Now?

During 1999-2000, 450 hospitalizations occurred per 100,000 of the Nova Scotia population for conditions where appropriate outpatient care may have prevented the need for hospitalization, as compared to 401 per 100,000 Canadians overall. Provincially and nationally, ambulatory care sensitive condition scores have decreased over the last 5 years reflecting a consistent positive trend towards the more efficient use of health services.

Where Do We Want to Be in the Future?

Nova Scotia is aiming to limit the proportion of people admitted to hospital for ambulatory care sensitive conditions to levels consistent with the Canadian average. Towards this end the Department of Health will continue to monitor the effective utilization of hospital beds and review opportunities to use outpatient services most effectively.

Percentage of Health Human Resource Positions (doctors, nurses, etc) Filled in Under-served Areas

One of the Department of Health's core business areas is Insured Health Programs which includes the services of many health care professionals. A desired outcome in this area is access to quality health care. One way to enhance access is by ensuring the appropriate number and distribution of health care providers.

What Does the Measure Tell Us?

One measure of the supply and distribution of health personnel is the percentage of primary health human resource positions filled in underserved areas. Underserved areas are defined as those that have a history of recruitment and retention difficulties, where recruiting by local committees has been unsuccessful for more than six months, and where the medical needs of the community are not being otherwise served. Those areas that are designated as 'underserved' have incentive programs to support physician recruitment. The total number of underserved areas can change over time. In February 2002 the number of underserved areas was defined as 21, and the total number of family physicians required in those communities was defined as 34.

Where Are We Now?

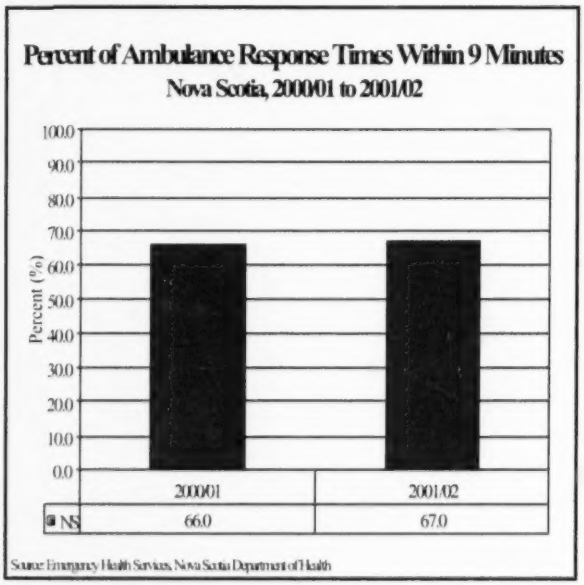
In February 2002, all but 5 physician positions were filled in underserved areas (85%). The total number of physicians in underserved areas changes rapidly because of natural fluctuations (deaths, retirements, and the voluntary relocation of providers within the province) and successful recruitment. Ongoing recruitment efforts are required to maintain or exceed the provincial target (80%). More jurisdictions in Canada are engaging advanced practice nurses and non-physician providers throughout the health care system to enhance access to quality health care. Nova Scotia has initiated a pilot project in Long and Brier Islands in which paramedics and a nurse practitioner work in close collaboration with a physician to provide primary care services. In addition, the Department is engaged in health human resource planning to address the supply and distribution of health professionals and other workers across the province.

Where Do We Want to Be in the Future?

Nova Scotia's target is to have 80% or more health human resource positions filled in underserved areas of Nova Scotia. The Department of Health has continued to support physician recruitment initiatives throughout the province through web site listings of vacancies, a recruitment guide, advertising, and incentives.

Percentage of Response Times at 9 Minutes or Less from Ambulance Dispatch to Arrival at Emergency Scene

One of the Department of Health's core business areas is Emergency Health Services. A desired outcome in this area is access to quality emergency health services. One of the ways in which this outcome may be assessed is by calculating response times from ambulance dispatch to arrival at the emergency scene.



What Does the Measure Tell Us?

The industry standard for response time from ambulance dispatch to arrival at the emergency scene is 9 minutes or less. This standard is based on chances of survival after a cardiac arrest. That is, a person's chances of surviving a cardiac arrest improve if an ambulance arrives at an emergency scene within 9 minutes or less.

Where Are We Now?

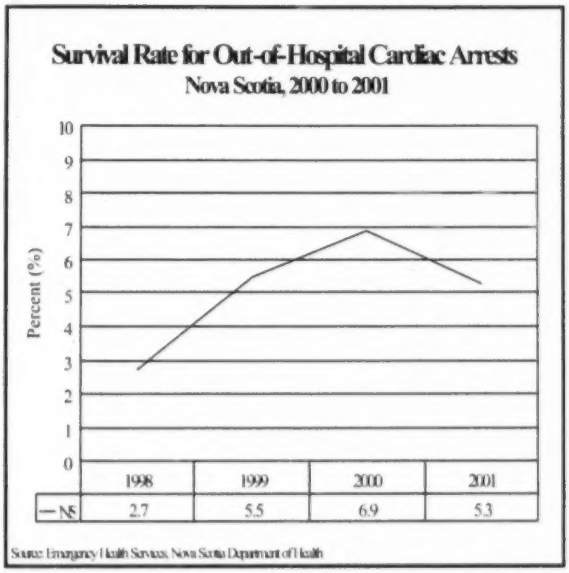
In 2001-02, response times from ambulance dispatch to arrival at the emergency scene was 9 minutes or less 67% of the time. This shows an increase over 2000-01 when response times of 9 minutes or less occurred 66% of the time, and exceeds the target that was established in setting up the ambulance service.

Where Do We Want to Be in the Future?

The Nova Scotia government has defined a target of 68% (by 2004-05) for response times of 9 minutes or less from ambulance dispatch to arrival at the emergency scene.

Survival Rates for Out-of-hospital Cardiac Arrests

One of the Department of Health's core business areas is Emergency Health Services. A desired outcome in this area is ensuring the effectiveness of emergency health services.



What Does the Measure Tell Us?

The effectiveness of emergency health services may be measured by calculating survival rates for those individuals who suffer cardiac arrests outside of hospital. Many factors affect out-of-hospital cardiac arrest survival such as the availability of timely and skilled intervention.

Where Are We Now?

In 2001, survival rates for out-of-hospital cardiac arrests were 5.3%. Because of the relatively small numbers, this is within the normal year-to-year variation. It is difficult to compare Nova Scotia's system with similar systems because of the different mix of urban and rural jurisdictions in other provinces. However, it is possible to compare Nova Scotia's out-of-hospital cardiac arrest survival rates over multiple years. An examination of Nova Scotian out-of-hospital cardiac arrest survival rates over multiple years shows that 2001 rates have increased over 1998 rates.

Where Do We Want to Be in the Future?

Nova Scotia's goal is to improve survival rates for out-of-hospital cardiac arrests over time. Strategies to achieve this target include maintaining training, ongoing procedural review and development, and exploring the development of a bystander care initiative.

Percentage of the Population (Aged 15 or Older) Receiving Homemaking, Nursing or Respite Services.

One of the Department of Health's core business areas is Continuing Care Services. A desired outcome in this area is ensuring access to quality Home Care and Long Term Care Services. Access to long term care and home care services may be measured by estimating the percentage of the population (age 15 or over) who receive homemaking, nursing, or respite services.

In recent years, the Department of Health has supported programs to deliver some health services to people in their homes as an alternative to admitting people to acute care or long term care facilities. This has numerous benefits. For example: people needing care are more comfortable, and their life styles and independence are maintained for as long as possible; facility space can be reserved for those with greater health care needs; lower costs are often associated with home care, compared to care in institutions.

What Does the Measure Tell Us?
As more home care programs are implemented, it is expected that these services will be provided to increasing numbers of people. Estimating the percentage of the population (aged 15 years and over) that receives homemaking, nursing or respite service helps us to understand growth in, and access to, quality Home Care and Long Term Care Services.

Where Are We Now?
Approximately 2.8% of Nova Scotians responding to the survey indicated that they had received Home Care and Long Term Care Services (Canadian Community Health Survey, Statistics Canada). This is comparable to rates in the other maritime provinces.

Where Do We Want to Be in the Future?
It is our goal to ensure that Nova Scotians have appropriate access to home care services. More data are required before a formal target can be set. We have been working on the establishment of Single Entry Access so that clients receive a single entry to Home Care or Long Term Care services.

Department of Health Accountability Report 2001 - 2002

Attachment Number One - Outcomes and Outcomes Measures

Introductory narrative explaining the purpose of the table

This table has been reproduced from the 2001-02 Business Plan. The last column has been added to explain why measures published in the 2001-02 Business Plan are not being reported in the 2001-02 Accountability Report.

Goal:
1. To develop a clear vision and action plan for Long Term Care and Home Care to better meet the needs of the aging population.

Outcome / Output	Indicator 2001-02	Measure	Status of Measure	Accountability Comments
Increased access to Home Care and Long Term Care services	▾ Wait-times for placement in continuing care	▾ Amount of time clients wait for service	▾ Reporting on this measure has been delayed	▾ Methods for monitoring this measure are currently being developed. Data will not available until February 2003
More appropriate use of resources in meeting the needs of aging population	▾ Evidence of progress on the development of a plan for new funding method	▾ Degree to which action plan milestones are achieved	▾ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▾ Progress on this initiative is being reported in the narrative of the 2001/02 Accountability report.
	▾ Accountability reporting completeness	▾ Long Term Care compliance with business plan reporting requirements	▾ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▾ These targets have been achieved. Because it is an operational monitoring activity and not outcome-oriented, this initiative will be monitored by the Department of Health as part of its internal accountability mechanism.

Goal:

2. Implement a health human resource strategy which addresses recruitment, retention and renewal issues.

Outcome / Output	Indicator 2001-02	Measure	Status of Measure	Accountability Comments
Appropriate number and distribution of health care providers	▪ Supply and distribution of health personnel	▪ Health human resource positions filled in under served areas	▪ No change	▪ This measure has been reported as it is in the measures section of the 2001-02 Accountability report.
		▪ Number of new nursing graduates who are employed in N.S. 1 year following graduation	▪ Reporting on this measure has been delayed.	▪ These data are not available until March 2003.
Enhanced work environment for RNs, and LPNs	▪ Retention strategies in use	▪ The number of mechanisms supporting nurses in the workplace	▪ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▪ Another status reporting document (Nova Scotia's Nursing Strategy Update) provides this information. May be found at www.gov.ns.ca/health/downloads/update.pdf.
		▪ Number of new specialty programs	▪ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▪ As the Department has refined its measures to be more outcome oriented, we have dropped this process-oriented measure.

Goal:

3. Implement the CHB / DHA system giving a strong voice to the citizens of Nova Scotia in shaping their health care system at the local level.

Outcome / Output	Indicator 2001-02	Measure	Status of Measure	Accountability Comments
A health system that is: ▪ integrated ▪ community-based, and ▪ sustainable	▪ Evidence of progress on the development of a shared service plan	▪ Degree to which action plan milestones are achieved	▪ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▪ Progress on this initiative is being reported in the narrative of the 2001/02 Accountability report.
	▪ Clinical service plan integration	▪ Percentage of DHAs incorporating the clinical plan into DHA Business Plans in 2001 / 02 and 2002 / 03	▪ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▪ As the Department has refined its measures to be more outcome oriented, we have dropped this process-oriented measure. Progress on this initiative is being reported in the narrative of the 2001/02 Accountability report.
	▪ Evidence of progress on the development of an accountability framework	▪ Degree to which action plan milestones are achieved	▪ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▪ Progress on this initiative is being reported in the narrative of the 2001/02 Accountability report.
	▪ Health care spending	▪ % increase from previous year's government spending on health services	▪ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▪ Progress on this initiative is being reported in another status reporting document (Government of Nova Scotia 2002-2003 Estimates) which may be found at: www.gov.ns.ca/fina/budget02/pdfs/estimate.pdf

Goal:

- **A strong commitment to Primary Care will have a positive effect on the long term health status of Nova Scotians.**

Outcome / Output	Indicator 2001-02	Measure	Status of Measure	Accountability Comments
Increase the availability of community-based primary care services in Nova Scotia	▪ Evidence of progress on the development of a plan for additional Primary Care in Nova Scotia	▪ Degree to which action plan milestones are achieved	▪ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▪ Progress on this initiative is provided in the narrative section of the 01/02 Accountability Report

Goal:

5. Develop a plan to address the capital issues as related to information, equipment and facilities.

Outcome / Output	Indicator 2001-02	Measure	Status of Measure	Accountability Comments
Enhanced access to decision-making information by consumers, providers and funders	▪ Evidence of progress on the development of the electronic health record and system performance data base	▪ Degree to which action plan milestones are achieved	▪ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▪ Progress on this initiative is provided in the narrative section of the 2001-02 Accountability report
Capital and infrastructure for hospitals and long term care are effectively managed	▪ Evidence of progress on the development of a capital and infrastructure plan	▪ Degree to which action plan milestones are achieved	▪ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▪ Progress on this initiative is provided in the narrative section of the 2001-02 Accountability report

Goal:
6. Implement a provincial health strategy which promotes a preventive approach in order to contain demands on illness-treating

Outcome / Output	Indicator 2001-02	Measure	Status of Measure	Accountability Comments
DOH strategies contribute to the improved health of Nova Scotians	▪ Healthy weight	▪ Percentage of population within healthy range of Body Mass Index	▪ No change	▪ This measure has been reported as it is in the measures section of the 2001-02 Accountability report.
	▪ Youth smoking rate	▪ Percentage of youth who smoke	▪ No change	▪ This measure has been reported as it is in the measures section of the 2001-02 Accountability report.

Goal:

- **Develop and implement a plan for the care of mentally ill adults, youth and children.**

Outcome / Output	Indicator 2001-02	Measure	Status of Measure	Accountability Comments
Improved access to , variety, and coordination of children / youth / adult mental health services.	▾ Evidence of progress on the development of a multi-year childrens' health plan	▾ Degree to which action plan milestones are achieved	▾ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▾ Progress on this initiative is provided in the narrative section of the 2001-02 Accountability report
	▾ Evidence of progress on the development of a multi-year plan for the development of adult community-based services and consumer initiatives	▾ Degree to which action plan milestones are achieved	▾ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▾ Progress on this initiative is provided in the narrative section of the 2001-02 Accountability report
	▾ Services available in Nova Scotia	▾ Number of adults sent out of province for forensic services	▾ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▾ Progress on this initiative is provided in the narrative section of the 2001-02 Accountability report

Goal:
- **Continue to promote disease management.**

Outcome / Output	Indicator 2001-02	Measure	Status of Measure	Accountability Comments
Enhanced management of key health conditions across the continuum of care and stages of disease progression	▾ Evidence of progress on the development of a disease management framework	▾ Degree to which action plan milestones are achieved	▾ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▾ Progress on this initiative is provided in the narrative section of the 2001-02 Accountability report.
Standards of service delivery based on evidence and best practice are maintained consistently across the province	▾ Evidence of progress on the development of a framework for standards and performance measurement.	▾ Degree to which action plan milestones are achieved	▾ Reporting on this measure has been discontinued. We will not be reporting on this measure in future measures documents.	▾ This initiative was delayed. Progress on this initiative is being reported in the narrative of the 2001/02 Accountability report.